
Adult Respiratory Emergencies:

Airway Obstruction

I. All Provider Levels

1. Refer to the Patient Care Protocol.
2. If airway is open and respirations are adequate provide 100% oxygen via NRB face mask.
 - A. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. If the patient is conscious and cannot speak
 - A. Deliver 4 abdominal thrust and reassess.
 - B. Repeat until obstruction is cleared or patient goes unconscious.
4. If the patient is unconscious



Note Well: *EMT-I and EMT-P should go to direct laryngoscopy utilizing magill forceps*

- A. Provide abdominal thrust and ventilations. Transport immediately.
5. Initiate advanced airway management with Combi-tube if respiratory effort is inadequate after obstruction is cleared.



Note Well: *EMT-I and EMT-P should use ET intubation.*

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II. Advanced Life Support Providers

1. Perform one attempt at direct laryngoscopy utilizing magill forceps to remove foreign body.



III. Transport Decision

1. Transport immediately to the closest appropriate facility.



IV. The Following Options are Available by Medical Control Only

1. If airway is still obstructed, consider cricothyrotomy.